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SUBJECT/MESSAGE:

Revocation of Power of Attorney and Change of Correspondence Address

Attorney Docket No.:	WIO-100X
Application No.:	10/790,993
Filing Date:	March 1, 2004
Applicants:	Rick Ost, Duane Sibley
Art Unit:	3652

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/790,993
Filing Date	March 1, 2004
First Named Inventor	Rick Ost
Art Unit	3652
Examiner Name	
Attorney Docket Number	W/O-100X

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

46271

☒ Please change the correspondence address for the above-identified application to:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Rick T. Ost

Name

Rick Ost

Date

3-1-06

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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**REVOCATION OF POWER OF
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Art Unit	3652
Examiner Name	
Attorney Docket Number	WIO-100X

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

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